

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Baum et al.  
Appl. No. : 09/938,706  
Filed : August 23, 2001  
For : ARTIFICIAL SALIVARY  
GLAND  
Examiner : Akhavan, Ramin  
Group Art Unit : 1636

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AMENDMENT AND RESPONSE TO OFFICE ACTION

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed July 30, 2003, please amend the above-identified application as follows:

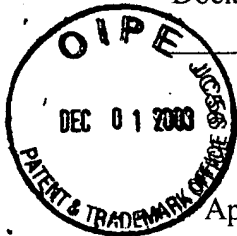
**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

41 Docket No.: NIH156.001C1

1036  
\$ Customer No.: 20,995



AMENDMENT / RESPONSE TRANSMITTAL

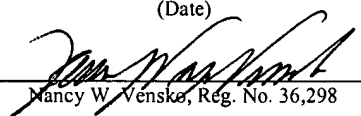
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CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

November 26, 2003

(Date)

  
Nancy W. Venske, Reg. No. 36,298

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

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Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Amendment and Response to Office Action in 7 pages.
- (X) Declaration of Bruce J. Baum.
- (X) Exhibit 1: Curriculum Vitae of Bruce J. Baum.
- (X) Eid et al., Transplantation 64: 679 (1997).
- (X) Mooney et al., Cell Transplant. 3: 203 (1994).
- (X) Royce et al., Differentiation 52: 247 (1993).
- (X) Delporte et al., Proc. Natl Acad. Sci. USA 94: 3268 (1997).
- (X) Braddon et al., Human Gene Therapy 9: 2777 (1998).
- (X) Voutetakis et al., submitted.
- (X) International Preliminary Examination Report.

12/04/2003 HGUTEMAI 00000012 09938706

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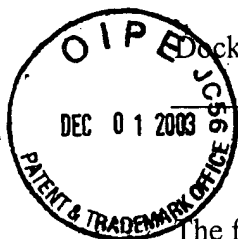
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Docket No.: NIH156.001C1

DEC 09 2003

Customer No.: 20,995

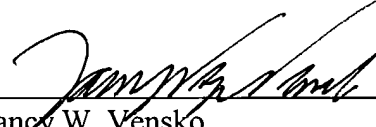
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The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	1 - 20 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	1 - 5 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$110
2 Month Extension		1252 (\$420)		\$0
3 Month Extension		1253 (\$950)		\$0
			<b>TOTAL FEE DUE</b>	<b>\$110</b>

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$110 is enclosed.
- (X) Return prepaid postcard.
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

  
 Nancy W. Vensko  
 Registration No. 36,298  
 Attorney of Record  
 Customer No. 20,995  
 (805) 547-5580

LAMEND-TRANS  
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